

DEPARTMENT OF VETERANS AFFAIRS
Central Texas Veterans Health Care System

PHARMACY SERVICE
Operating Procedure 16-119

March 13, 2007

PHARMACY RESIDENCY PROGRAM

I. CHANGE: Modify sections H & I to include provisions for "failure to obtain licensure" and "extended leave of absence".

II. RECISSION: Pharmacy Operating Procedure 16-119 dated 9-15-06.

III. REVIEW DATE: Annually.

IV. AFFECTED SERVICES: Pharmacy Service, Human Resource Management Service

V. POLICY: This policy provides the procedural requirements pertaining to the employment and performance of CTVHCS pharmacy residents.

VI. RESPONSIBILITY:

A. Pharmacy Residency Program Director (RPD): Accounts for the overall administration and implementation of the residency program and resident activities.

1. Recruits eligible residency candidates
2. Coordinates and conducts interviews for positions
3. Together with the Residency Advisory Board, chooses applicant(s) for the residency position(s)
4. Determines if a resident has satisfactorily completed the requirements of the residency.

B. Resident Advisory Board: Consists of the Residency Program Director, appointed pharmacy administrator, and appointed residency trained staff pharmacist. Evaluates the overall quality of the residency program and recommends any required changes. Assist with interviewing residency applicants and preparing for accreditation.

C. Pharmacy Clinical Coordinator: Acts as the official supervisor of the residents for administrative requirements, such as approving leave.

D. Chief, Pharmacy Service: Supports the activities of the residency program, serves as a liaison between senior management, and participates in the residency accreditation process.

E. Preceptors: Serve as the direct supervisors of the residents during training experiences. Evaluate resident(s) performance verbally and through formal written evaluations.

Provide examples of leadership by participation in advanced clinical practice, research, and educational opportunities.

F. Human Resource Management Service Assists with the hiring of the resident(s) and approves official CTVHCS Pharmacy Residency Program policies.

VII. PROCEDURE:

A. Application process: Interested applicants must submit a curriculum vitae (or resume), letter of interest, transcripts, and a minimum of 2 letters of recommendation. Initial interviewing will be conducted at the ASHP midyear clinical meeting. An onsite interview will be extended to qualified candidates and is required for selection into the program. Residents will be selected through the National Matching Service (NMS) process.

B. Confirmation of selection Upon receiving the binding results of the NMS, a contractual agreement will be sent to the matched applicant(s) (Attachment 1—acceptance letter)

C. Duration of Program: Twelve months

D. Objectives: To develop competent and confident practitioners of direct patient care in multiple environments. Through educating health care professionals and patients on drug-related topics and a wide range of medical conditions, the residents will be relied upon as drug therapy experts. Demonstration of professional maturity, development of a self-monitored personal philosophy of practice, and promotion of pharmaceutical care are expected to assure the safety of the medication-use system. Functional statement is attached as Attachment 2.

E. Residency Certificate:

1. It is the responsibility of the RPD to determine if a resident has satisfactorily completed the requirements of the residency.

2. Any resident who fails to meet the accepted standards of the residency program will not be issued a certificate. Accepted standards include achievement of a rating of satisfactory progress (SP) or higher on the final quarterly evaluation and achievement of a rating of SP or higher on 80% of summative evaluations during the second half of the residency. Additionally, the resident must complete data analysis of the residency project and either verbally present or submit a written paper of the project.

3. Knowingly presenting a certificate of completing the residency when, in fact, inadequate achievement has occurred, can result in revocation of the accreditation of the residency by the American Society of Hospital Pharmacists (ASHP), or in the case of a new program, inability to achieve initial accreditation. Clearly, this makes the issuance of a residency certificate an important event.

F. Throughout the course of the residency, it will be made clear that objectives are or are not being met. Some individuals may need remedial actions. If remedial actions are insufficient, the residency certificate will not be issued. This determination will be made jointly

by the resident, Residency Program Director, Residency Advisory Board, and the Chief of Pharmacy.

G. Disciplinary Actions: It is not expected that any disciplinary actions will be needed during the residency year; however, criteria have been established to avoid making an unpleasant situation more difficult.

1. Each resident is expected to perform in an exemplary manner. If he/she fails to meet the requirements of the program, disciplinary action will be taken.

2. Examples of inadequate or inappropriate conduct include, but are not limited to:

- a. Dishonesty
- b. Repetitive failure to complete assignments
- c. Tardiness for clinical assignments
- d. Abuse of annual and/or sick leave
- e. Violations of CTVHCS or VA policies and procedures
- f. Patient abuse
- g. Violation of ethics or laws of pharmacy practice

3. The following sequence of disciplinary actions is outlined:

a. Minor or initial failure to adhere to requirements will result in a verbal counseling by the primary preceptor or the Residency Program Director. A note stating a verbal counseling has occurred will be sent to the Residency Advisory Board.

b. For repeated or more severe incident, the Residency Program Director, Residency Advisory Board, or Pharmacy Clinical Coordinator will give residents a formal written warning of failure to meet the requirements of the program. A list of actions and/or additional assignments required to continue in the program will be determined by the Residency Advisory Board and must be signed by the resident. The Board will follow the resident's compliance with the required actions. Failure with compliance may lead to the dismissal of the resident from the program.

c. Failure to comply with the required actions set forth by the Residency Advisory Board will be documented in writing by the preceptor, Residency Advisory Board, Pharmacy Clinical Coordinator, or Residency Program Director. The Residency Advisory Board, Pharmacy Clinical Coordinator, Chief of Pharmacy, and Residency Program Director will decide whether dismissal is necessary after reviewing the situation with the resident and preceptor. If dismissal is necessary, the Chief of Pharmacy will send a memorandum to Human Resources outlining supportive documentation for dismissal. Human Resources will have the final decision on dismissal of a resident.

H. Failure to Obtain Licensure

1. All residents are expected to be licensed to practice pharmacy in one of the states or territories of the United States or the District of Columbia within three (3) months from the date of their appointment.

2. If the resident is not licensed within three (3) months from the date of her/his appointment, s/he will receive communication that separation action may be initiated if licensure is not obtained within six (6) months from the date of appointment.

I. Extended Leave of Absence

1. A total of 12 months of funding is available for each resident to complete the residency program.

2. If it is necessary for a resident to take an extended leave of absence beyond the leave earned as an employee, the resident may use her/his earned annual leave (and sick leave, if applicable) and be placed on leave without pay (LWOP) status.

3. In the event of extended leave and LWOP status, CTVHCS Human Resource department and the Office of Academic Affiliations (OAA) will be notified.

4. If the resident chooses to complete the training program following the extended leave of absence, she/he is required to complete the full 12-month training period and all residency requirements satisfactorily in order to earn the residency certificate.

5. Funding is subject to availability from OAA, or locally if applicable, for completion of the period of the training program that falls outside the standard residency training year (July 1 – June 30). The resident may choose to complete the training program without pay if funding is not available.

VIII. REFERENCES: Residency Learning System: 2006 and beyond. ASHP Regulations on Accreditation of Pharmacy Residencies. National Matching Services Residency Matching Program Agreement.

/s/
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Residency Director

/s/
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Assistant Chief, Pharmacy Service

/s/
Gary F. Spradling, R.Ph., M.S.
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/s/
James Basso
Human Resource Management Officer

Attachment 2

PGY-1 Pharmacy Resident Functional Statement

I. GENERAL DESCRIPTION: The PGY-1 pharmacy resident must possess a Pharm.D. degree, be licensed or eligible for licensure as a registered pharmacist at the start of the program, and must hold US citizenship. A PGY-1 pharmacy resident must obtain licensure in a state or commonwealth of the United States before they can function as a member of the healthcare team providing pharmaceutical care to patients.

Pharmacists completing this PGY-1 pharmacy residency will be competent and confident practitioners of direct patient care in multiple environments. The job of a resident in this training program involves a combination of academics, service, and research in a one-year curriculum. The pharmacy resident will strive to consistently provide optimal pharmaceutical care to all patients and should optimize patient care outcomes while providing service that meets or exceeds the customer's expectations. These pharmacists will exercise skill in educating other health care professionals, patients, and students/ healthcare trainees on drug-related topics. They will demonstrate professional maturity by following a personal philosophy of practice, monitoring their own performance, exhibiting commitment to the profession, and exercising leadership in improving the safety of the medication-use system.

In order to attain these goals a wide variety of experiences and tasks will be completed. The PGY-1 pharmacy resident's specific performance, conduct and appraisals will be in accordance with the Residency Learning System Manual for the PGY-1 Residency at the CTVHCS. Other required performance standards and training within the CTVHCS pharmacy department will also apply.

II. Functions

A. Patient care

The PGY-1 pharmacy resident works collaboratively with all health care professionals to manage the medications of selected patients as part of an interdisciplinary treatment team or as delineated in an approved CTVHCS Scope of Practice (e.g., anticoagulation, hyperlipidemia, primary care).

Under supervision of pharmacist preceptors the PGY-1 pharmacy resident will:

1. Ascertain and assess the medication and drug use history of patients and document pertinent findings in the patient's medical record. This history shall include (but not be limited to):

- a. Current Rx medications
- b. Pertinent past medications
- c. Non-VA medications (prescription, OTC, herbals, etc.)
- d. Allergies and adverse drug reactions
- e. Patient knowledge base, adherence, and specific therapeutic concerns.

2. Monitor drug therapy routinely in assigned patient care area(s). This monitoring will include (but not be limited to):

- a. Therapeutic drug monitoring and pharmacokinetic dosing.
- b. Therapeutic endpoints
- c. Patient adherence
- d. Adverse drug events
- e. Drug interactions
- f. Patient contraindications

3. Complete progress notes and consults in the electronic medical record and ensure these notes are reviewed and co-signed by a preceptor.

4. Participate in formulating and documenting therapeutic plans for patients which include patient specific goals and endpoints.

5. Participate in the discharge planning process to insure that the patient's pharmaceutical needs are met.

6. Provide and document patient education and counseling regarding drug therapy and drug related disease prevention.

7. Provide accurate and comprehensive drug information including patient-specific pharmacotherapy information to other health care providers and document pertinent findings in the medical record.

- 8. Monitor, detect, manage, document, and report adverse drug events.

9. Control medication administration in assigned patient care areas by preventing, detecting, documenting and reporting medication dispensing and administration problems or concerns.

B. Medication dispensing and distribution

1. Assure that medication orders or other data entered into the patient record or profile are accurate and complete.

2. Assure that prescriptions and medication orders are filled and dispensed properly and accurately.

3. Supervise and direct the work completed by pharmacy technicians and other supportive personnel.

4. Ensure that medication orders represent a reasonable standard of therapy.

5. Verify that the patient has knowledge and understanding of their drug therapy regimen upon discharge from the hospital or clinic.

C. Education

1. Prepare and deliver accurate information for journal club, disease state presentations, and case conferences, as assigned during the year.

2. Educate members of the pharmacy staff through in-services and continuing education programs.

3. Educate members of other health care professions through in-services and presentations as requested (e.g., rounds, IDT meetings, clinics, etc).

4. Facilitate student training programs.

5. Assess and provide for educational needs of the patient and family to ensure understanding of disease states, wellness, and pharmacotherapy.

D. Pharmacy management

1. Provide service to the institution's committees where input concerning drug use and drug policy development is needed. These committees include (but are not limited to):

a. Pharmacy and Therapeutics

b. Pharmacy Benefit Management Group

2. Participate in various Continuous Quality Improvement (CQI) initiatives, including Medication Use Evaluations, Medication Error Reporting, Non-formulary use reviews, Adverse Drug Event reporting, and assigned PIT teams

3. Complete all residency experience evaluations and quarterly reviews

4. Meet with the Residency Advisory Board quarterly and as assigned to discuss progress and discuss other professional growth issues.

5. Document and report clinical pharmacy interventions, drug information responses, positive patient outcomes, and cost effective initiatives.

6. Collect and analyze data for drug or medical utilization review.

7. Maintain quarterly pharmacy newsletter

8. Research/Systematic Investigation

9. Work with an advisor to design and complete a research project of a pharmacy practice related issue.

10. May participate in collaborative research studies involving drug therapy with other services.